

REC'D JAN 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41061
Do not use this space.

791
1008

Registered No. 10753

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis Mo. (d) Street No. Mo. Baptist Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jean Milliet

(a) Residence, No. 3156 Watson Road. St. 3 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jeanne Milliet
francoise

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-5-1879

7. AGE YEARS 61 MONTHS 10 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as saw mill, bank, etc. Langstrauss

10. Date deceased last worked at this occupation (month and year) Nov. 12, 1938 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) Lyon 7
(STATE OR COUNTRY) France

13. NAME Francois Milliet 7

14. BIRTHPLACE (CITY OR TOWN) Lyon 7
(STATE OR COUNTRY) France

15. MAIDEN NAME MARIE ROSE PONSON 7
Reine Bonso

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) France

17. INFORMANT Jeanne Milliet
(ADDRESS) 3156 Watson Road.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory 12-15-38

19. FUNERAL DIRECTOR (NAME) Alexander and Sons
(ADDRESS) 6175 Delmar Blvd

20. FILED DEC 14 1938 Joe Bueck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 13 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov - 12 - 1938, to Dec - 13 - 1938

I last saw him alive on Dec - 12 - 1938 Death is said to have occurred on the date stated above, at 310 A.

The principal cause of death and related causes of importance were as follows:

Aspiration Broncho Pneumonia Date of onset 12/8/38

127

Other contributory causes of importance abscess left lung 12-6-38

abscess gall bladder 11-1-38
non calciferous

Name of operation Laboratory Date of 11-15-38
What test confirmed diagnosis? Op. Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 210

If so, specify Cherlans H. Smith M. D.

(Address) 508 N. Grand Blvd
St Louis Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Corrected by Affidavit Feb 5, 1939 J. Wood

See affidavit no 155 in misc file 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Jos. E. McCulloh

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Jos. E. McCulloh

Licensed Embalmer No. *2460*

P. O. Address _____

*6175 Delmar
St Louis MO,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.